



**DEVELOPMENT SERVICES DEPARTMENT**  
**Building Safety Division**

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**STATEMENT OF CERTIFICATION FOR ELECTRICAL EQUIPMENT**

***This form shall be completed and available to the Building Inspector at final electrical inspection. A utility clearance will not be granted without the completion of this form***

Job address: \_\_\_\_\_ Permit # \_\_\_\_\_

Contractor: \_\_\_\_\_ ROC Lic.# \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_, certify that the listed electrical equipment has been installed and **torqued** with the proper tools and materials, per the National Electrical Code and the manufacturer's specifications and installation instructions.

Equipment: \_\_\_\_\_ Spec.torque \_\_\_\_\_ Field torque \_\_\_\_\_

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Equipment: \_\_\_\_\_ Spec.torque \_\_\_\_\_ Field torque \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_